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ABSTRACT

Described is the Magic Kingdom preschool screening program designed to provide an efficient, low cost, and comprehensive means for identifying children with special needs. Sections address the following program components: target population; definition of terms such as accomodations (facilities), admission ticket (preschool screening report), and community screening coordinator; setting; evaluation materials; evaluation procedures; screening considerations; program summary; rationale for the variety of screening measures; sample room plan for the screening program; evaluation areas (which include hearing, vision, and self-concept); guidelines for planning and implementation; volunteer and guide training; general directions for screeners and guides; steps for scoring and interpretation of test results; followup procedures; and audiological hearing screening instructions. Also included is a copy of the Walker Readiness Test with a scoring transparency; a developmental history questionnaire; the construction plan for screening stations; sample picture release form; and sample letters, posters, and thank-you letters for publicity. (SBH)

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THE MAGIC KINGDOM:
A PRE-SCHOOL SCREENING PROGRAM

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(Experimental Edition - Third Revision)
August, 1975

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This screening program for 3 to 6 year olds, with all of its interest and potential, is dedicated to preschool children and their parents. The basic credit for the idea traces back to Dr. Christine Kallstrom, Arlington, Texas. We thank Ms. Lynn Severson, an aware parent/teacher, for calling these initial ideas and materials to our attention. A note of appreciation is expressed to Ms. Marion Amundson, at one time a graduate student of mine, who did her Master's Thesis correlating results of the original instrument, Wizard of Oz, with the Metropolitan Readiness Test (Technical Manual-Magic Kingdom). Further recognition is given to Dr. George Flamer, past Coordinator of Research and Evaluation at the Southeast Mental Health and Retardation Center for his data analysis and the establishment of new norms, which represents the present dynamic screening program entitled, "The Magic Kingdom: A Preschool Screening Program". Other individuals who have provided support in the development of the present version of the screening program are as follows: Dr. Robert Evans, Michel E. Hanen, O.D., Ms. Marie Bristol, Ms. Kay McDonald, Ms. Roberta Raukar, Ms. Phyllis Bergeson, Ms. Peggy Kraft, Ms. Linda Kallenbach, Ms. Sandy Arends, Ms. Peg DuBord, Ms. Ruth Soderstrom, Ms. Patty Mack, Ms. Pam Strom, Ms. Elizabeth Olday, Ms. Kathy Hansen, and Ms. Patty Gross. A particular thank you is extended to approximately 1500 parents and preschool children, who have made this present screening program possible.

We encourage users of this instrument to share their efforts and data with both Dr. Kallstrom and the Southeast Mental Health and Retardation Center. A Technical Manual will be available February, 1976.

William Gingold, Ph.D.
Associate Director
Southeast Mental Health & Retardation Center
August, 1975

THE MAGIC KINGDOM:
A PRESCHOOL SCREENING PROGRAM

PURPOSE AND GOALS

The major purpose of the preschool screening program is to provide local communities, school districts and parents an effective, efficient, low cost, and comprehensive screening of young children. The main goal is to identify children (CA: 3 to 6 years) with special needs. In addition, it can be used to identify children's strengths and weaknesses so parents can program for them at home if other services are not readily available.

The program is designed to give insight into strengths and weaknesses in motor, visual, auditory, language, conceptual, social-emotional, and self-care functioning of individual preschool children. Parents become an integral part of that identification process. Implementing this preschool screening program allows parents the opportunity to become aware of appropriate early experiences that can be provided to their children to help build the pattern of functioning to optimal levels before formal academic work is begun. Finally, the screening program provides an opportunity for the children themselves to become aware of expectations for functioning in different areas.

TARGET POPULATION

The preschool screening program is recommended for children three (3) or older. The younger the child that is screened, the more judiciously and cautiously it should be used. It may be appropriate to hold separate screenings for each age level if there are sufficient numbers. Experience has shown that to invite twenty children every hour and stagger in that manner (some will be finishing, some just starting) works best when handling large numbers of children. Invitation to participate at a certain time can be handled by the alphabetical breakdown of the census, by classes, or by age group.

Example: 20 @ 9:00 a.m. (A-G)

20 @ 10:00 a.m. (H-N)

20 @ 11:00 a.m. (O-Z)

DEFINITION OF TERMS

1. Accommodations

It is suggested that one large facility (Figure 1) that will house 30-10' x 10' screening stations (castles) be used. An all-purpose room or gym with an approximate area of 6400 square feet with minimal sound reverberation would be appropriate. In addition to the large room, separate areas should be provided for vision, hearing and group testing. These spaces should be apart from the large group area. Adjacent classrooms can serve that purpose. These adjacent rooms would allow group administration of some of the instruments in the preschool screening as well as other optional instruments that may be appropriate for that particular community setting. The lay-out should be adapted to meet individual physical requirements and situations.

2. Admission Ticket (Preschool Screening Report)

This is the scoring sheet/profile or an IBM card given to each child at registration. The child is to maintain this ticket throughout his route in The Magic Kingdom. This ticket contains the child's screening results for each screening station (task).

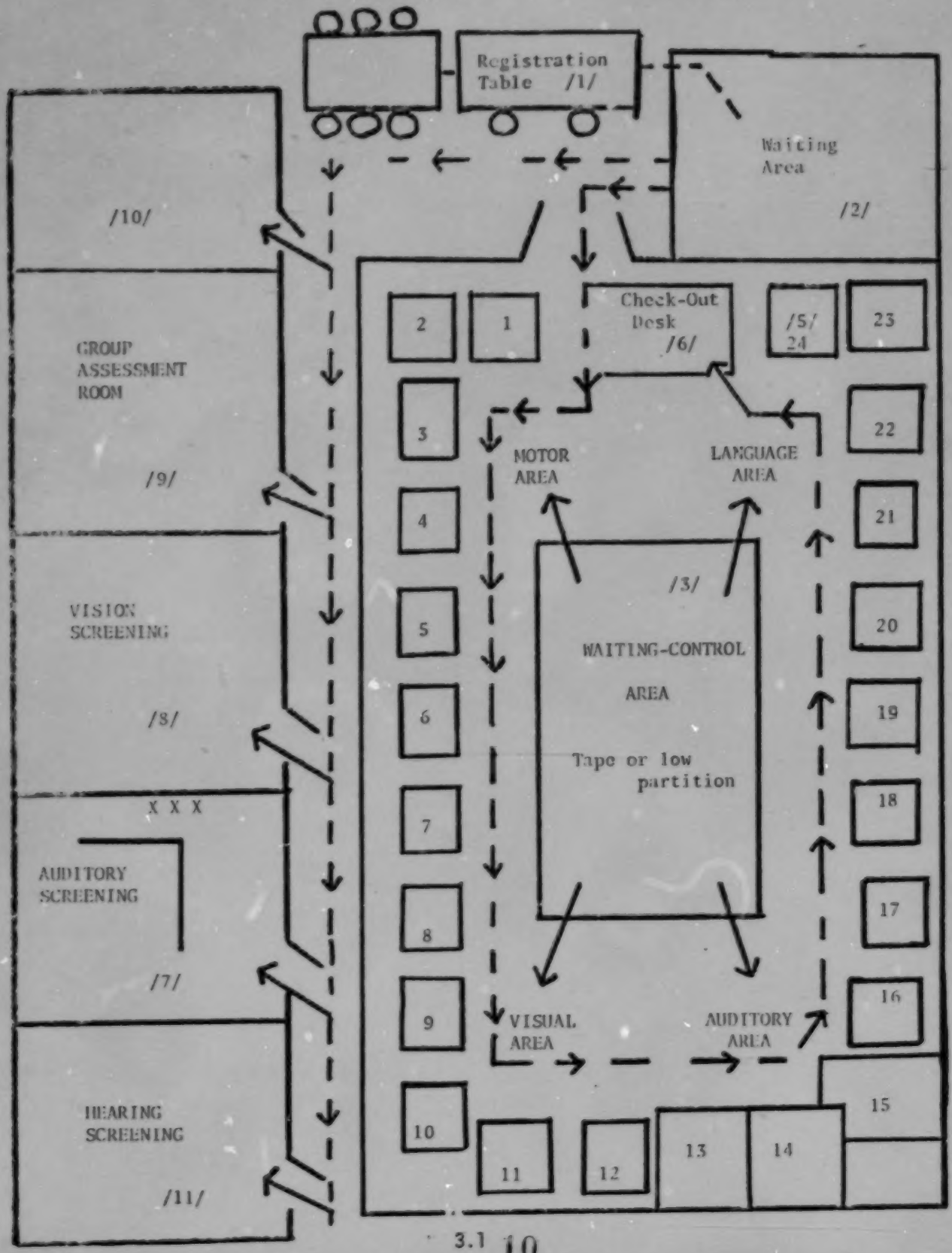
3. Check-Out Desk

This is the last station in the screening series. It should be staffed by a team able to scan total results. The Admission Tickets are retained here and are stapled together with a picture (optional) of the youngster.

4. Community Screening Coordinator

This individual is the liaison between the sponsoring agency (school, mental health center, special education services) and the

Figure I
EXAMPLE OF THE ROOM PLAN FOR
THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM



community - parents - volunteers. This person works very closely with the Professional Screening Coordinator and helps with duties such as recruiting the volunteers, publicizing and setting up the screening, etc.

5. Directional Markers (Brick Road)

These are markers that are taped to the floor, which may consist of vinyl bricks, feet patterns or 8" circles, which designate the movement pattern for children being screened.

6. Guides

A minimum of three volunteers are needed to keep track of children that are misdirected or seem to be confused in going from one place to another. These individuals are to control or minimize the "bunching" of children at any given point or station. At times, it may be necessary to physically move children to other stations in order to maintain a rapid flow in the screening process. This will be based on the judgement of the Professional Screening Coordinator, who should be in the Control Area. These guides should wear the special name tags provided in the screening kit.

7. The Magic Kingdom

This is the general theme of this preschool developmental screening program. It is recommended that some motif of a magic kingdom (i.e., Land of Oz) be used for the overall physical setting. This may be as detailed and creative as desired.

8. Professional Screening Coordinator

This individual takes overall responsibility for program implementation in the school district, community, Headstart or nursery school program. This person should have some basic training in education or school

psychology and should be able to work and relate well to parents and other volunteers in an organized format. This person could be the Headstart or nursery school director, the kindergarten or first grade teacher, or other professionally trained person. The Coordinator's major function is to organize and implement all of the administrative and programmatic logistics of the screening. Thus, some dedication is required to make the screening work. This individual should have the opportunity to review the whole program so he or she feels comfortable with any crisis that may arise. If at all possible, a school psychologist or other highly trained special educator should be available to assist in answering questions while the program is in session.

9. Screeners

These are trained parents, college students, high school students, or other volunteers, who have received specific instruction or observing, recording and scoring specific behaviors and/or skills at screening stations (castles).

10. Screening Stations

Individual screening centers located in sequential order around The Magic Kingdom are called screening stations (castles). Most are operated by parent volunteers. Some specialized areas are or can be operated by trained personnel (i.e., hearing screening, vision screening, and language and articulation screening).

11. Waiting Area (And Control Area)

This may be regarded as the control point from which children proceed to the assessment stations. This area should be continuously utilized to control the flow of the number of children that are at any given assessment station.

SETTING

The general theme for the screening program is The Magic Kingdom. A variety of magic kingdoms may be used. This depends on the desires of the community. In some areas, the theme for this screening program can be the Land of Oz. In bi-cultural or multi-cultural communities, designs and decorations reflecting those cultures could be used. The Magic Kingdom castles can be utilized at each screening station. These castles can be easily and inexpensively constructed out of ¼" plywood or construction cardboard (schematic and construction instructions are provided in Appendix B). In implementing The Magic Kingdom, children may follow a brick road, or some other directional pattern (i.e., feet patterns, big 8" diameter circles, etc.) and play games at the castles (screening stations) along the way presenting his or her admission ticket to each screener (dressed in costumes, if available). As the child performs at each station , his ticket is marked accordingly.

The physical setting itself requires a large gym or other open space such as multi-purpose room and other adjacent spaces that require some privacy and quietness (Figure 1).

MATERIALS

All forms, tests, test protocols and other basic equipment and materials should be provided by the sponsoring agencies to groups who will conduct these screening programs. It is very important to have all of these materials available prior to the initiation of the preschool screening program. In addition, it is important to decide early which components will be included or deleted as part of the composite preschool screening program.

Appropriate materials will be needed if additional components are opted.

OVERALL EVALUATION

The accuracy of screening results is largely determined by the proficiency with which the tests are administered and the reliability and validity of the tests themselves. It is necessary to monitor all aspects of the screening program. In order to utilize the full impact of the screening program, it is necessary to determine whether 1) all children have been or have had the opportunity to be screened; 2) the Professional Coordinating Staff members have done periodic reliability checks of the observations and recording of the screeners; 3) all data observed and recorded is accurate; 4) all children suspected of having a problem have been referred unless the problem was evaluated; 5) all children with suspected problems have received follow-up; 6) all children requiring treatment have received the indicated treatment.

CAUTIONS OF SCREENING

A major consideration that must not be overlooked is that screening out suspected problems has a potential of creating undue anxiety and "labeling" of children. It is therefore of utmost importance that screening tests only be utilized for the indicated purpose - namely presumptive assessment. This suggests that we can use mass testing or large populations to identify those individuals who have a high likelihood of manifesting special needs. For this reason too, it is important to explain to parents that results of the screening test do not make a diagnosis and do not necessarily indicate that a child has a particular problem. Likewise, it is unreasonable to plan treatments solely on the results of a screening test. Above all, it should be remembered that screening is presumptive assessment, generally resulting in a great number of false positives. It is not unusual to have 30% of the population who have been screened show difficulties in some of the components and/or tasks. During conference with parents, of the 30% of the children that show positives, it is generally found that only 10 to 20% of those need further follow-up evaluation (Example: if you screen 100 children, approximately 30 of these will show positive signs. Of these 30 who show positive signs, 3 to 6 will need further follow-up evaluations).

SUMMARY OF THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM

Table I very briefly summarizes in outline form the activities of the Preschool Screening Program, age appropriateness of the administration of such activities, what areas are assessed by the activities, who does the assessment, the approximate time it takes to do the assessment and any other salient features.

It should be noted that the whole preschool screening program can be implemented. At other times, it may be appropriate to consider only several of the components of the screening program, based on the limitations of the personnel available, the number of children to be screened, and/or other variables. Furthermore, individuals are reminded that this is only a screening program. If concerns are noted, they should be discussed with the child's parents and recommendations should be made for further professional in-depth evaluation by qualified personnel. It is the general feeling of professionals who have developed preschool screening programs and those who have implemented such programs on an extensive base, that screening should be a positive experience for the child and the parent. Consequently, all activities that are implemented and planned, should be, if at all possible, in a game format and each individual activity should not exceed 10 to 12 minutes. This will allow the child the greatest opportunity for attending behavior and for the best possible response. In screening, we attempt to get the best possible response that the child is able to give. We want to learn how a child functions at his best.

TABLE I

THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM

NAME OF INSTRUMENT	AGE	AREA TO BE ASSESSED	WHO DOES THE ASSESSMENT	APPROXIMATE TIME	GROUP OR INDIVIDUAL	OTHER COMMENTS
1. Audiometer	1. 3-6	1. Auditory Acuity	1. RN, PHN, Speech Clinician, or trained aides	1. 5 minutes	1. Individual or Group (using the group audiometer)	
2. SEMH/RC Vision Screening Test, Denver Eye Screening Test, or Telebinocular	2. 3-6	2. Visual Screening: Far Point Near Point Fusion Depth Perception Color Blindness	2. PHN, Special Education Teacher or trained aides	2. 5-15 min. Possible retest on children who show difficulty on first screening.	2. Individual	2. More Effective than Snellen, Some tendency to over-refer.
3. Motor, Visual Auditory and Language Batteries	3. 3-6	3.a) Motor b) Visual c) Auditory d) Language	3. Parents or High School Students with supervision from primary teaching staff, speech clinician, nurse, school psychologist and special education staff.	3. Allow approximately one hour per 15 children.	3. Group	3. Best results if all stations are manned by one person at each.

NAME OF INSTRUMENT	AGE	AREA TO BE ASSESSED	WHO DOES THE ASSESSMENT	APPROXIMATE TIME	GROUP OR INDIVIDUAL	OTHER COMMENTS
4. Self-Concept Test	4. 4-6	4. How a child seems to feel about himself	4. Teacher or trained aid or parent	4. 10-15 min.	4. Group or Individual (group not to exceed five)	4. Must be sure child understands difference between circle and square for group adm.
5. Parental Assessment of Child Scale	5. 3-6	5. a) Language b) Visual c) Motor Development d) Social-Emotional Development	5. Parents	5. 20-45 Min.	5. Individual	5. To be done at home by parent. Results to be brought to screening. Will be used to correlate and cross validate with other screenings.
6. Walker Readiness Test (or other readiness test)	6. 4-6	6.a) Similarities b) Differences c) Numerical Analogies d) Missing Parts	6. Teacher or trained aide.	6. 15-20 min.	6. Individual	6. Screener must be sure that child understands directions.

NAME OF INSTRUMENT	AGE	AREA TO BE ASSESSED	WHO DOES THE ASSESSMENT	APPROXIMATE TIME	GROUP OR INDIVIDUAL	OTHER COMMENTS
7. Fargo Preschool Screening Test	7. 4-6	7. Overall General Readiness	7. Teacher or trained aide	7. 10-15 min.	7. Individual	7. Must have all appropriate materials (not in kit.)
8. Developmental Prototypic Assessment & Curriculum	8. 0-6	8. Developmental Checklist	8. Teacher and/or parent	8. 60 min.	8. Individual	8. To be used as an adjunct for further programming.

8.3

** You are reminded that this is only a screening program. If concerns are noted, they should be discussed with the child's parents and recommendations should be made for further professional indepth evaluation.

WHY SUCH A VARIETY OF SCREENING MEASURES IN ONE PROGRAM?

Based on experience and available research data, it is found that children, particularly young children, show a great variability in their responses to stimuli under different environmental conditions. This being the case, the Magic Kingdom screening program attempts to elicit the best responses from three environmental settings in order to cross validate information when interpreting a child's behavior. The three environmental frames of references that are presented in this screening program are as follows: 1) in-home screening by parents utilizing the Parental Assessment of Child Scale and the responses to the Child's Developmental History Questionnaire; 2) small group functioning as reflected by their responses to the Self-Concept Test and the Walker Readiness Test; 3) individual responses in a large group setting which requires the child to interact with many strangers on a one-to-one basis.

PRESCHOOL SCREENING

MATERIALS & EQUIPMENT CHECKLIST

( ) = Station Number(s)

	In Kit	Extra Items Needed
1. (30) Hearing Screening		
A. Audiomenter		X
B. Finger-Rub (Instruction Card)	X	
2. (27-29) Vision Screening		
A. SEMH/RC Eye Screening (Instruction Cards, Penlight, 12 Acuity Test Cards, 2 occluders, and 3 plastic measuring laces)	X	
Titmus Stereo Fly Test		X
B. Denver Eye Screening		X
C. Telebinocular		X
D. Snellen		X
3. Motor Tasks		
(1) Imitation (Instruction Card)	X	
(2) Movement - Gross Motor (Masking Tape, Instruction Card)	X	
(3) Body Parts (Instruction Card)	X	
(4) Spatial Relationship (Yardstick and Instruction Card)	X	
(5) Directionality - Right/Left (Instruction Card)	X	
(6) Draw-A-Person		
Instruction Card	X	
2 Pencils	X	
Small Table and Chair		X
4. Visual Tasks		
(7) Tracking - (Bee & Instruction Card)	X	
(8) Fusion - (Bee & Instruction Card)	X	
(9) Visual Discrmination - (Instruction and Discrimination Cards)	X	
(10) Visual-Memory - (Instruction & Stimulus Cards)	X	
(11) Visual-Motor - (Instruction and Stimulus Cards)	X	
Small Table and Chair		X
(12) Figure Ground - (Instruction and Stimulus Cards)	X	

	In Kit	Extra Items Needed
5. Auditory Tasks		
(13) Auditory-Discrimination (Bell, Hammer, and Instruction Card)	X	
(14) Auditory Memory - How Many? (Instruction Card)	X	
(15) Auditory-Motor Imitation (Instruction Card)	X	
(16) Auditory Sequencing (Instruction Card)	X	
(17) Auditory Association (Instruction Card)	X	
(18) Riddles (Instruction Card)	X	
6. Language Battery		
(19) Motor Encoding - (Instruction Card, toy toothbrush, pencil, balloon, harmonica, spoon & scissors)	X	
(20) Vocal Encoding - (Instruction Card, bag, toy truck)	X	
(21) Categories - (Instruction Card)	X	
(22) Similarities - Go Togethers (6 Instruction Cards)	X	
(23) Articulation - (6 Instruction Cards)	X	
(24) Conversation - (Instruction Card)	X	
7. (25) Self-Concept Test		
Administration & Scoring Manual	X	
25 Response Booklets	X	
Pencils	X	
8. (31) Parental Assessment of Child Scale		
25 Response Booklets	X	
9. (26) Walker Readiness Test		
Administration Manual & Scoring Transparency (in manual)	X	
25 Answer Sheets	X	
10. Fargo Preschool Screening Test		
Administration & Scoring Manual		X
Stimuli Materials		X
Response Forms		X (25)

	In Kit	Extra Items Needed
11. Developmental Prototypic Assessment & Curriculum		
Users Guide		X
DPAC	X	
12. Preschool Screening Report		
25 Admission Tickets	X	
13. (32) Developmental History Questionnaire	X	
14. 30 Station Numbers	X	

The Professional Screening Coordinator should check to be sure that all materials necessary are available at the time of the screening. Appropriate substitutes may be used if necessary. CAUTION: When substitute materials are used, norms and interpretation of data must be used with even greater care. Under such circumstances, any "benefit of doubt" should be given in behalf of the child.

EXAMPLE OF ROOM PLAN FOR THE PRESCHOOL SCREENING PROGRAM

The following comments reflect factors that should be considered in the physical lay-out of the preschool screening program. The numbered statements correspond to the numbers in Figure 1. (Page 3.1)

/1/ Registration Table: This table (or desk) should be physically located outside the screening area.

/2/ Waiting Area: This area should be a carpeted or clean floor, sound/slide synchronized audio-visual unit or synchronized filmstrip-record audio-visual unit, in addition a record and filmstrip and/or slides of The Magic Kingdom motif should be available. If the multi-media presentation is utilized, it may be appropriate to have head sets. This will allow the children only to wander as far as the wire will reach. In the event that carpeting is not available, it would be appropriate to outline floor space to be used with masking tape. Cushions or foam rubber mats should be included if available. In the event that multi-media materials are not available, it would be appropriate to have volunteers read selected stories to small groups of children. In addition, a variety of creative toys could be available for children that do not seem to respond to oral reading and/or multi-media presentations.

/3/ Waiting-Control Area: This area is to be primarily used as a holding station. The Professional Coordinator should work out of this area. The utilization of the time-out room in this physical location may also be appropriate. This waiting area should allow children to have a rest break, consequently,

it may be appropriate to have cookies and juice available for youngsters. Volunteers working out of this area should have a diagram of all other stations so they can do appropriate routing of children participating in the preschool screening program.

/4/ Directional Markers: Brick Road - Directional Markers (vinyl tiles and/or paper) can be taped down with two faced masking tape. After the screening is finished, they can be easily removed.

/5/ Stations: Throughout the room, if castles are available, they should be utilized as stations. If not, small tables and chairs will be sufficient. The number of stations utilized will depend primarily upon the number of volunteers available, the number of children to be screened, and the number of screening tasks. The minimum number of volunteers in order to implement the total program should be 15, the maximum could be 50. The screening stations should be grouped by broad skill and/or behavior categories. The self-care activities should be optional. These self-care activities may include activities and materials compatible with the Developmental Prototypic Assessment and Curriculum - Self-Care Section.

/6/ Check-Out Station: This should be the check-out desk and should be located by the exit. All children should pass through this area and signs should indicate this. This will also act as a picture-taking station (optional). Two polaroid pictures could be taken of each child. One would be given to the child; the other would be kept and attached to the Admission Ticket.

/7/ Auditory Screening: The Auditory Screening stations (especially 13, 14, and 15) should be completely separated from the large assessment spaces. These should be quiet rooms. If other children must be in the same area while auditory screening is occuring, it is wise to have waiting chairs with some quiet toys available and a partition or screen to eliminate visual distraction.

/8/ Vision Screening: Again, a separate space is desired for the vision screening. This area should be well lighted. If a separate area is not available, vision screening can be set up as another station in the large area. If this is the case, the vision screening tasks should be one of the first stations after the motor area.

/9/ & /10/ Group Assessment Rooms: These should be separate group assessment rooms where the Self-Concept, Walker Readiness or other group tests can be administered. Only one type of screening tool should be utilized in a room. If all of the group tests are to be administered, it may be appropriate to find additional rooms. It should be remembered that the more young children (3 years old) there are, the more screeners that are needed. The general guide is that group screening can be anything but one-to-one. The following guidelines may be considered: CA: 3-4, n = 3 to 1; CA: 4-5, n = 4 to 1, CA: 5-6, n = 5 or 6 to 1.

/11/ Hearing Screening: The audiometer or finger rub test should be in a separate room. Again, if other children must be in the same area waiting chairs, toys, a visual barrier, etc. should be used.

COMMUNITY COORDINATOR'S CHECKLIST

FOR THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM

The following checklist should be utilized to assist the Community Coordinator in her functions. Other tasks may be added upon mutual consent.

		Timeline (in relation to screening date)	Yes	No
1.	Met with Professional Screening Coordinator.	4 wks. before	___	___
2.	Reviewed program in detail.	4 wks. before	___	___
3.	Understands overall plan of screening.	4 wks. before	___	___
4.	Contacted appropriate individuals (i.e., School Superintendents, Nursery School Directors, etc.) to determine child count.	4 wks. before	___	___
5.	Set date for screening not in conflict with other events.	4 wks. before	___	___
6.	Facility acquired.	4 wks. before	___	___
7.	Obtained list of children potentially to be screened (include parent's name, address, and phone number).	3 wks. before	___	___
8.	Volunteers recruited and program explained.	3 wks. before	___	___
9.	Publicized screening in own community.	1 wk. before	___	___
10.	Sent letter and Parental Assessment of Child Scale to each parent of participating child.	1 wk. before	___	___
11.	Checked on availability of equipment.	1 wk. before	___	___

12.	Parent volunteer training accomplished.	1 day before	___	___
13.	Set up for screening.	1 day before	___	___
14.	Thank you letters sent.	Within 1 wk. after	___	___

EVALUATION AREAS - DESCRIPTORS

HEARING SCREENING

Frequency dial is set at 1,000 cps. and the hearing level dial is set at 35 db. or well above the hearing threshold of the child to elicit a response. If response occurs, the hearing level is lowered to 25 db. and is continued at 25 db. by testing 1,000 - 2,000 - 4,000 and 6,000 cps. in the same ear giving only one presentation of the signal at each frequency. 1,000 cps. is tested again, followed by 500 and 250 cps. This is done to each ear independently as well as both of them together.

VISION SCREENING

Tests for stereopsis, strabismus, phorias, acuity and pupil constriction.

MOTOR BATTERY

Imitation, movement, body parts, spatial relationships, directionality (right-left), and draw-a-person.

VISUAL BATTERY

Tracking, fusion, visual discrimination, visual memory, visual motor integration, and figure ground.

AUDITORY BATTERY

Auditory discrimination, auditory memory, auditory imitation, auditory sequencing, auditory association, and riddles.

LANGUAGE BATTERY

Motor encoding, vocal encoding, categories, similarities, articulation, and conversation.

SELF-CONCEPT TEST

How a child seems to feel about himself.

PARENTAL ASSESSMENT OF CHILD SCALE

An in-home parent assessment of child scale focusing on language development, visual perception, motor development and social-emotional development.

WALKER READINESS TEST

Tests similarities, differences, numerical analogies and missing parts.

CHILD DEVELOPMENTAL HISTORY QUESTIONNAIRE

Appendix A - Provides developmental history of the child. This is to assist in defining "high risk" or "at risk" factors.

DEVELOPMENTAL PROTOTYPIC ASSESSMENT AND CURRICULUM

Developmental checklist for five areas of behavior (language, perceptual development, self-help, social-emotional development and cognitive development). Appropriate for children 0 to 6 years of age.

FARGO PRESCHOOL SCREENING TEST (Optional)

A composite readiness index based on standardized measures such as the Binet, Wechsler Intelligence Scale for Children, and others.

GUIDE FOR PLANNING AND IMPLEMENTING PRESCHOOL SCREENING PROGRAM

1. Implement a Needs Assessment. The Professional Screening Coordinator should contact school superintendents, day care center directors, nursery schools, Headstart directors, etc. to determine whether a need exists for preschool screening. Another option is to look at the census data for preschool children in the given locale. It should be noted that the Needs Assessment - Child Count of Preschool Children should be done within the context of the geographical area that does not exceed a 20 mile radius from the point where the screening is to take place.
2. Locate a Community Screening Coordinator who has a preschool child and is interested in community development and parent and child welfare. This person is to act as the community coordinator in organizing, planning and implementing the whole preschool screening program in the community.
3. Determine date of screening in conjunction with the Community Screening Coordinator. Be sure to check out all the planned activities in a given community, such as PTA, harvesting, planting, church, county fair, etc.
4. Obtain list of potential children to be screened. Keep in mind that this screening program can screen children three to six years of age. If there are a large number of children to be screened, it may be appropriate to screen different age group youngsters on different dates or different groups according to alphabet (i.e., 3 year olds - one day; 4 year olds - another day; or A-G, H-P, R-Z, etc.)

5. Locate suitable accommodations. Any large gymnasium or multi-purpose room with adjacent separate small rooms in the public schools or churches may be appropriate. Refer back to the physical setting for specific information as to ideal accommodations.
6. Check on equipment: 40 large chairs, 20 small chairs, 5 large tables, 9 small tables.
7. Once the Community Screening Coordinator has been selected, a meeting should be arranged for the Professional Screening Coordinator to review the whole concept of the preschool screening program and specific duties in implementing the program. The Community Screening Coordinator, in turn, is to recruit 35-40 parents or others (high school students, speech clinicians, nurses special education teachers, PTO members, etc.) who will act as guides and screeners during the preschool screening program.
8. Publicize screening. All of the publicizing of the screening program should be done through the Community Screening Coordinator for the preschool screening program. Posters, flyers, letters, radio-television spots, phone calls, etc. should be routed through this coordinator. It is well to outline very systematically who does what, when and why. The volunteers should be utilized to assist in this endeavor. Prepared letters, etc. are included in Appendix D.
9. Send Parental Assessment of Child Scale to each parent who has a child of screening age. In addition, a letter or explanation of the screening program should be included with the name of the local Community Screening Coordinator. This will allow parents in a given community to contact someone whom they know in order

to get answers to the questions or concerns they have.

10. Train volunteers. A systematic schedule should be set up which will allow the Professional Screening Coordinator and the Community Screening Coordinator to implement the training of the volunteers who will man the screening stations. This training takes approximately two hours and should follow the sequence as outlined in the Training of Volunteers.

11. Set up physical arrangements for the screening and have a "test run" to check to see that all things are there and functioning.

12. A follow-up letter should be sent to every parent indicating a) adequate functioning; b) inviting parents for a conference; c) an incomplete screening. This letter should be sent out within 10 to 20 days after the date of the screening. This specific information regarding follow-up letters should be shared during the training program with the parents and in the letter that has been sent home to the parent with the Parental Assessment of Child Scale.

TRAINING OF VOLUNTEERS AND GUIDES

1. Gather volunteers together for a workshop meeting to explain the program and to assign individual screening stations (the closer to the screening date, the better. Recall and reliability tend to be greater).

   A. Give them a clear understanding of the program.

      - Explain the purposes and uses of the screening (Use sound/slide presentation if available).
      - Show and explain the diagram of the possible room set up (use transparency and overhead if available).
      - Explain how each child is to pass from station to station with their Admission Ticket.
      - Show how to evaluate and score either a (1) for correct, a (0) for incorrect; or a (U) for untestable in the appropriate place on the Admission Ticket (or (P) for Pass or (F) for Fail for some stations).
      - Explain that each screener will stay in one place as the children move around the room.
      - Explain that the Guides will assist in the flow-control of children.

   B. Pass the individual instruction cards and accompanying materials and equipment to each person who will operate a station.

   C. Demonstrate to each one in turn how to carry out their portion of the screening. While you are doing this, the others may look over their own test items. Encourage questions at all times.

D. Make sure that each one fully understands and can carry out their part. Make a performance check for each screener.

E. Teach one or two people how to administer and score the Self-Concept Test.

F. Teach several people how to administer the Walker Readiness Test.

G. Assign several volunteers (minimum of three) to act as Guides on the day of screening. They will guide the children through The Magic Kingdom redirecting them as necessary to avoid congestion at any one station.

H. It is very important to make a complete list of volunteer assignments. You may have to remind people of their positions on the day of testing.

2. Set up The Magic Kingdom in the large area that was chosen previously. It takes several people to do this.

A. Post a large diagram of the complete room plan in a conspicuous place.

B. Set up screening program areas with chairs and tables according to the diagram (Figure 1). Use castles if they are available.

C. Tape the individual station numbers to the backs of the large chairs set in sequence around the main testing area. This will allow each screening station to be identified by number.

D. Place the equipment and instruction cards needed for each station on the large chairs corresponding to the station number on the chair.

3. Testing Day

A. Position the Registration Desk. This is where all necessary

forms will be completed by the parent. The Parental Assessment of Child Scale should be turned in at this station.

B. The Magic Kingdom Admission Ticket will be given to the youngster. All information should be clearly written.

C. The youngster will then proceed to the Waiting Area where two or more volunteers could be playing records, showing filmstrips, or reading stories.

D. Make a performance check on each screener as A, B, C, are done.

E. From this point the children may proceed throughout the rest of the screening program.

F. It usually takes about 1½ hours for a child to complete the entire screening (depending upon the options taken).

G. Parents who are not directly involved in the screening may want to volunteer to make and pour coffee/Kool-Aid (if available) while their children are being screened. Interesting filmstrips for parents could be shown at this time if there is enough room.

H. Check-Out procedures: Following the final screening area a check-out desk should tally scores. You may wish to give each child a Polaroid picture of himself or another reinforcer for completing the screening.

4. Follow-up Procedures (See Follow-up Letters to Parents)

A. Send letters to parents after each child's scores have been interpreted. A letter will either inform parents of adequate functioning or invite parents to discuss the results of the screening personally if indicated.

B. The Professional Screening Coordinator will schedule follow-up parent appointments in each school district or community with the help of local personnel.

C. Further evaluation and/or other action will be advised if necessary.

THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM

GENERAL DIRECTIONS FOR SCREENERS AND GUIDES

1. Greet each child who comes to your station in a friendly manner as you unpin the admission ticket from his back and call him by name.

2. It is very important that before you begin asking any questions, that you have the child's attention. Say to the child, "Look at me," and/or "Are you ready?"

3. Scoring: A score of 1 should be indicated on the child's admission ticket for each question answered correctly or skill performed in the appropriate a-f box on the line corresponding to your number station.

   A score of 0 should be given if the child attempts to answer or perform a skill, but fails.

   A U should be indicated if a child does not give you the attention that is required, or refuses to respond. Whenever possible, indicate in a word or so in the margin why a "U" was marked.

4. After you have finished with each child, pin the admission ticket on the child's back and indicate where he should go next or ask one of the Guides to take him.

5. Children should be kept moving at all times. If a desired station is occupied, then the child should go on to the next available one.

6. When a child's admission ticket is all filled (check thoroughly!), he returns to the check-out station where his admission ticket is exchanged for a "prize" indicating that he has completed the screening.

SCORING AND INTERPRETATION

The following steps and procedures should be utilized in the scoring and interpretation of results in The Magic Kingdom:

1. The check-out station should quickly check the Admission Ticket (Profile) to see that all tasks have been completed. If tasks are blank with no response indication, Guides need to redirect child to appropriate stations.
2. Check-out station personnel should tally all scores in the column - Results or Totals. They should be rechecked for accuracy.
3. Check-out station should compute the child's age in years and months from the Admission Ticket. Please round off days (15 or more) to the next higher month.
4. Use (+) for positive problem sign and (-) for negative results in the Indicator column. These signs should only be used when total test battery scores are one or more standard deviations below the mean for that age level. To make such a determination for A, B, C, D, E, and F on the Admission Ticket (Profile) use Table II.
5. To score the Walker Readiness Test, please utilize WRT scoring overlay. The overlay indicates correct answers. Please count the number of correct answers for each section and write down that number adjacent to each section. These raw scores are then to be transferred to the Admission Ticket. For interpretation of the Walker Readiness Test (F on Admission Ticket), use Table III. It may be noted that even though subtest scores are recorded, the <u>total</u> raw score should be used in conjunction with Table III. To determine percentile rank, look at the raw score and cross

reference this with the appropriate age column. Record corresponding percentile (rounded off to nearest whole number) on the Admission Ticket. A percentile rank of ≤ 50 should receive a (+).

6. For G and H, note appropriate indicator based on information found in the Results column.
7. Interpretation of the Developmental History Questionnaire (J on Admission Ticket) should be made only in conjunction with other data and parent of specific child by a highly skilled professional.
8. Once all indicators have been noted in the Indicator Column, check appropriate Overall Evaluation section. Normal Range (N) is considered when no positive (+) findings are present. If one or more positive (+) findings are noted, Parent Conference Advised (P) should be checked. Once these steps are completed, appropriate action should be taken with the parents.
9. Recommendations should be noted for each child where a parent conference is advised. For others, the not necessary (NN) notation should be made. At times, parents of children who are in the normal range may ask for assistance. Support should be provided based on professional capability.

TABLE II

TEST/TASK/BATTERY	4 Year Olds		5 Year Olds		6 Year Olds	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
A. Motor Battery	25	5	27	4	30	4
B. Visual Battery	27	5	31	4	33	3
C. Auditory Battery	22	6	26	5	28	4
D. Language Battery	29	4	32	3	33	3
E. Self-Concept Test	11	3	13	3	13	2
PARENTAL ASSESSMENT SCALE (TOTAL)	56	8	60	9	61	5
Language Development	12	2	13	2	13	1
Visual Perception	15	3	18	3	18	2
Motor Development	12	2	13	2	14	1
Social-Emotional Development	17	1	16	2	17	1

17.2

TABLE III

WALKER READINESS TEST PERCENTILE RANKS

AGES:	6-7 up	6-1:6-6	5-7:6-0	5-1:5-6	4-7:5-0	4-1:4-6	4-0 down	TOTAL
SCORE	%ile r.	%ile r.	%ile r.	%ile r.	%ile r.	%ile r.	%ile r.	%ile r.
50	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.99
49	98.8	98.6	99.2	99.6	99.8	99.6	99.9	99.30
48	96.4	96.3	98.1	98.6	99.7	99.6	99.9	98.08
47	94.3	93.6	96.6	97.7	99.4	99.2	99.9	96.48
46	91.8	90.8	94.6	96.0	98.9	99.2	99.9	94.93
45	89.2	86.6	91.5	94.2	97.8	98.4	99.9	92.41
44	84.6	82.8	88.7	91.6	96.5	98.4	99.9	89.72
43	81.5	78 6	85.3	88.7	93.9	96.5	98.6	86.51
42	78.1	74.0	80.9	85.6	92.0	93.3	98 6	82.96
41	73.6	69.3	77.8	82.5	89.8	92.1	98.6	79.69
40	69.3	63.9	73.9	79.2	87.9	91.3	98.6	76.07
39	64.4	59.1	69.2	74.9	85.8	89.0	97.2	72.02
38	62.0	54.7	65.4	70.7	83.4	87.8	95.8	68.45
37	57.2	50.2	61.1	67.5	80.5	85.4	91.7	64.65
36	53.1	46.3	56.4	63.0	76.4	83.9	90.3	60.51
35	47.6	41.5	51.8	58.6	72.8	81.1	86.1	59.09
34	43.3	37.3	46.8	55.1	69.1	77.6	83.3	51.98
33	37.7	33.1	42.9	50.8	64.6	71.3	81.9	47.63
32	33.7	29.0	38.1	46.2	60.1	68.5	80.6	43.25
31	28.6	25.6	34.3	42.2	56.3	65.4	76.4	39.42
30	24.8	21.4	30.6	37.6	51.3	61.4	69.4	35.14
29	20.9	19.2	26.8	33.0	46.7	57.1	69.4	31.36
28	18.3	17.2	23.0	29.2	41.8	52.8	66.7	27.97
27	15.4	14.6	20.1	25.8	37.6	50.0	62.5	24.51
26	13.2	12.1	17.0	22.6	31.5	47.2	61.1	21.21
25	10.6	10.0	14.3	19.3	27.9	43.3	51.4	18.22
24	9.4	7.5	12.6	17.3	23.9	38.6	45.8	15.75
23	7.2	6.0	11.0	15.3	20.2	31.5	43.1	13.46
22	5.5	4.9	8.9	12.4	17.5	28.7	38.9	11.24
21	4.6	4.0	7.5	10.6	15.0	24.0	31.9	9.50
20	3.6	3.2	5.7	8.8	12.4	20.5	25.0	7.73
19	3.6	2.6	4.1	7.0	10.6	17.0	22.2	6.26
18	2.9	1.9	3.1	5.2	8.0	14.6	19.4	4.83
17	2.4	1.2	2.6	4.2	6.1	11.0	16.7	3.75
16	1.4	.8	2.2	2.9	4.7	7.1	13.9	2.78
15	.72	.4	1.7	2.1	3.8	5.1	8.3	2.01
14	.72	.3	1.2	1.4	2.7	3.9	6.9	1.46
13	.48	.3	.8	.94	1.8	3.5	5.6	1.04
12	.24	.2	.6	.56	1.5	2.8	5.6	.77
11	.24	.14	.4	.38	.95	2.0	5.6	.54
10	.24	.07	.4	.25	.77	1.6	5.6	.45
9		.07	.18	.06	.34	.79	4.2	.21
8		.07	.18	.06	.34	.39	1.4	.17
7		.07	.12		.26	.39		.12
6		.07	.06		.17			.06
5		.07	.06		.17			.06
4		.07	.06		.09			.05
3		.07	.06					.03
2		.07						.015
1		.07						.015

FOLLOW-UP OF INTERPRETATION

The purpose of The Magic Kingdom preschool screening is to seek out those children who possibly may be handicapped and/or may not possess skills that preschool children should be acquiring. If any one of the following conditions exists, a parent conference should be advised to discuss the child's screening results:

1. If a child fails the vision and/or hearing tests.

2. If a child's self-concept score is one or more standard deviations below the mean for a given age.

3. If a child's Walker Readiness percentile falls below 50th percentile for a given age.

4. If a child scores one or more standard deviations below the mean in one or more of the four batteries (A, B, C, D) for his age.

5. If a child completely fails any one subtest.

6. If a child scores one or more standard deviations below the mean for age norm in one or more areas of the Parental Assessment of Child (I).

7. If a child could not complete the screening (2 or more incomplete batteries) because of immaturity, etc., The Alpern-Boll Developmental Profile may be administered at the time of the parent conference to check on the child's development in the physical, self-help, social, academic, and communication areas. It is recommended that further indepth assessment be conducted by skilled professional staff.

At the time of the parent conference, final decisions regarding referrals can be made. Vision and hearing test failures should always be referred appropriately. In the self-concpet area, parental awareness is very important. In addition, suggestions regarding helping children feel better about themselves can be given (ex: reminding parents to give attention to positive behaviors rather than always attending to negative behaviors).

Interpreting and basing recommendations for further assessment on the remaining areas of the screening depend upon cross-checking areas (ex: language development in parental assessment score compared with language battery score; Walker Readiness score compared with visual discrimination score in the Visual Battery).

Other considerations are: 1) What is the parent saying about the child's performance? 2) Does the child's score sheet indicate U's, dropping his total score, and what does this mean?

A "U" can indicate a child was tired, afraid, did not understand instructions, stubborn, etc., and very often means that a child feels that he cannot answer the question correctly or perform that skill adequately, so he does not try at all (this is especially true when there are only a few isolated U's scattered throughout the screening).

SOUTHEAST MENTAL HEALTH AND RETARDATION CENTER - FARGO, ND
THE MAGIC KINGDOM: A PRESCHOOL SCREENING PROGRAM
ADMISSION TICKET

Start Time _____ End Time _____

Child's Name: _____ Sex: M__F__ Date of Birth: _____ Screening Date: _____ Age: _____
Prior Schooling: Yes___ No___ If yes, check one: Headstart ____ Day Care ____ Nursery School ____ Kindergarten ____

Parent's Name(s): _____ Address: _____ Zip: _____ Phone: _____
Check one: Urban (over 25,000) ___ Rural ___ Farm ____ Circle No. of children in family: 1 2 3 4 5 6 7 +
Check family income: Under $5,000 ___$5,000-$10,000 ___$10,000-$15,000 ___$15,000-$20,000 ___ Over $20,000 ___

Age: Mother ___ Father ___ Race (Caucasian, Black, Amer. Indian, Mexican, Other): Mother _____ Father _____
Education (Below High School, High School Grad., Some College or Voc. School, College Grad., Adv. College Degree):
Mother _____ Father _____

			RESULTS OR TOTALS	*INDICATOR
A. Motor Battery	a b c d e f			
(1) Imitation	— — — — — —			
(2) Movement	— — — — — —			
(3) Body Parts	— — — — — —			
(4) Spatial Relationships	— — — — — —			
(5) Right - Left	— — — — — —	Drawing of:		
(6) Draw-A-Person	— — — — — —	Male ____ Female ____		
		BATTERY TOTAL	☐	
B. Visual Battery				
(7) Tracking	— — — — — —			
(8) Fusion	— — — — — —			
(9) Visual Discrimination	— — — — — —			
(10) Visual-Memory	— — — — — —			
(11) Visual-Motor	— — — — — —			
(12) Figure Ground	— — — — — —			
		BATTERY TOTAL	☐	
C. Auditory Battery				
(13) Discrimination	— — — — — —			
(14) How Many	— — — — — —			
(15) Copying	— — — — — —			
(16) Sequence	— — — — — —			
(17) Association	— — — — — —			
(18) Guess What I Am	— — — — — —			
		BATTERY TOTAL	☐	
D. Language Battery				
(19) Motor Encoding	— — — — — —			
(20) Vocal Encoding	— — — — — —			
(21) Categories	— — — — — —			
(22) Go-Togethers	— — — — — —			
(23) Articulation	— — — — — —			
(24) Conversation	— — — — — —			
		BATTERY TOTAL	☐	
Language Sample:				
a. Total No. of words				
b. Mean length of oral response				
c. % of complete sentences				
d. % of complete, correct sentences				
E. (25) Self-Concept Test	○0 ☐ ○1 ☐ ☐2○ ☐3 ○ ○4☐ ☐5 ○ ○6☐ ☐7○ ○8 ☐ ○9☐ ○10☐ ☐11○ ☐12○ ○13 ⊡ ☐14○ ☐15○	TOTAL	/15	
F. (26) Walker Readiness	Similarities__/25 Differences__/15 Numerical Analogies__/5 Missing Parts__/5 Total__/50	PERCENTILE		
G. Vision Test				
(27) Acuity	P — F — U —			
(28) Strabismus & Constriction				
A. Cover Test	P — F — U —			
B. Corneal Light	P — F — U —			
C. Pupillary Light	P — F — U —			
(29) Stereotest	P — F — U —			
H. (30) Hearing Test				
Option 1 Audiometer	P — F — U —			
Option 2 Finger Rub	P — F — U —			
I. (31) Parental Assessment of Child Scale				
Language Development				
Visual Perception				
Motor Development				
Social - Emotional Development				
		SCALE TOTAL	☐	
J. Optional Evaluation				
(32) Developmental History Questionnaire (Yes or No)				
OVERALL EVALUATION:				
_____ N (Normal Range)				
_____ P (Parent Conference Advised)				
* Indicator: Positive need sign (+); Negative result: (-)				

INSTRUCTIONS FOR AUDIOLOGICAL HEARING SCREENING

TESTING CONSIDERATIONS:

1. A few minutes before test time turn on the audiometer and make sure it is receiving power by checking for lighted dials or glowing tubes.

2. If the audiometer is not of the transistorized type, let it "warm up" for about 15 minutes.

3. To check for proper operation of audiometer and earphones:

   a. Set the frequency control at 1000 cps and the hearing level control at 40 db.

   b. Put the earphones on and listen for equal strength of the tone in each ear.

   c. Listen to the tone as you gradually turn the hearing level control toward zero db.

   d. You should be able to hear the tone at the near-zero level, if you have normal hearing.

4. Seat the child so he is seated at either a right angle or a 45 degree angle to the tester. This allows one to observe and obtain important clues.

5. When presenting the stimulus tone make the tone from 1-3 seconds in duration. CAUTION:

   a. While testing make sure that you are not giving clues to the child as to when to respond.

   b. Vary your pattern of tonal presentations so that he will not respond to the pattern.

   c. Also, don't look at the child every time that a presentation is made expecting a response. The child will very likely begin responding to your expectant looks rather than to the tone.

6. Instructions:

   a. Give <u>all</u> instructions to the child <u>before</u> putting the earphones on him.

   b. It is helpful to demonstrate while giving the instructions.

   c. Tell the child that he is going to hear a series of sounds and that he is to raise his hand when he hears the sound and lower it when the sound disappears.

d. Emphasize the importance of listening and responding to very faint sounds, not merely when he can hear them easily.

e. To check for understanding of the instructions, ask the child to show you what he is to do when he hears the sound and what he is to do when the sound goes away.

f. With preschool children it may often be necessary to repeat the instructions.

7. Handling the Earphones

a. The earphones are a delicate piece of equipment and special care must be taken when handling them.

b. Don't lay the earphones like this (laying flat on surface) or
like this (completely together).

c. The correct way to lay the earphones is on the side.

8. Putting earphones on:

a. Take your time when putting on earphones as incorrect placement can cause cancellation and pressure on the anatomical structure of the ear, resulting in incorrect test results.

b. If the child has glasses, remove them before putting the earphones on.

c. The red earphone is to be placed on the right ear and the blue earphone on the left ear.

d. Position the earphones tightly on the head and be sure the center of the earphone is directly in line with the opening to the ear canal.

e. Make sure that part of the ear isn't curled under the earphone and that strands of hair do not interfere with good fitting.

TESTING METHOD:

Set the frequency dial at 1000 cps and set the hearing level dial at 35 db or well enough above the hearing threshold of the child to elicit a response. If the child responds, lower the hearing level dial to 25 db. Continue at 25 db by testing 1000, 2000, 4000, and 8000 cps in the same ear giving only one presentation of the signal at each frequency. Test 1000 cps again followed by 5000 and 250 cps. Switch to the opposite ear and repeat the procedure.

SCORING

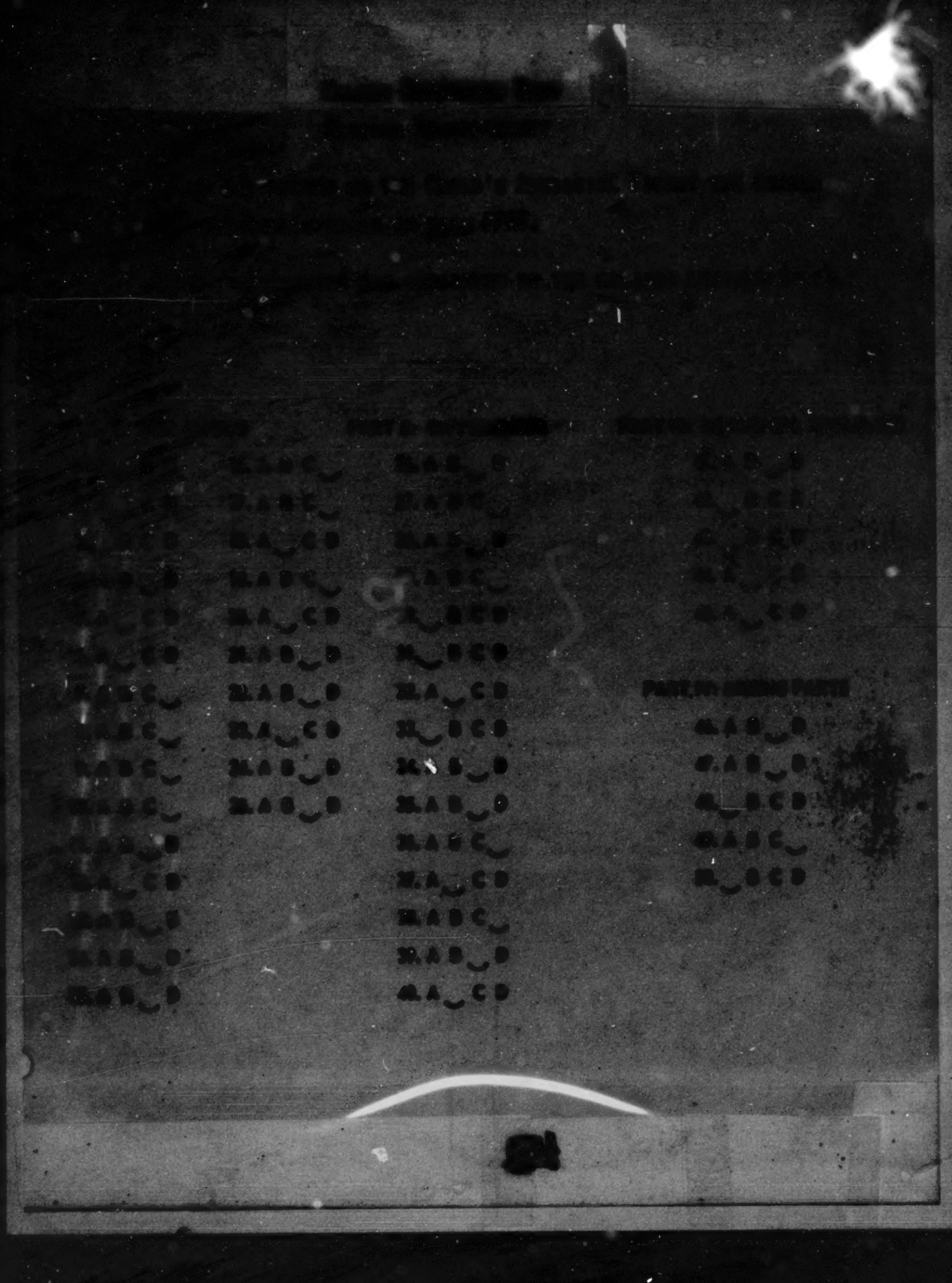
Key: P = Pass
F = Fail
U = Untestable

1. A child is generally considered to have failed the screening test if he does not hear two or more tones in one or both ears at a level of 25 decibels (if the audiometer is calibrated using ISO - 1964 standards). Mark "F" on the score form.

2. Children who cannot learn to respond to the test properly or who give grossly inconsistent responses to sounds of any intensity, should be designated as "untestable". Mark "U" on score form.

COMMENTS:

A large proportion of young children who exhibit a hearing loss and who fail a hearing screening test often have only temporary hearing impairment associated with a cold, infected tonsils or other similar problems. Children who fail the initial screening test or who are identified as untestable should be retested after a few weeks before they are referred for further audiological examination or medical care.



WALKER READINESS TEST FOR DISADVANTAGED PRESCHOOL CHILDREN

ANSWER SHEET – Form A

ANSWER SHEET (Make no marks on the test itself. Record all of the child's answers here.)

Child's Name _____ Name of Center _____

Child's Age _____ Location of Center _____
(years) (months) (birthdate) (town) (State) (Zip)

Child's Race _____ Population Density _____
(rural or urban)

Child's Sex _____

Date of Test Administration _____ Name of Test Administrator _____

Official Capacity _____

Child's Score _____ Percentile Rank _____

PART I: SIMILARITIES		PART II: DIFFERENCES	PART III: NUMERICAL ANALOGIES
1. A B C D	16. A B C D	26. A B C D	41. A B C D
2. A B C D	17. A B C D	27. A B C D	42. A B C D
3. A B C D	18. A B C D	28. A B C D	43. A B C D
4. A B C D	19. A B C D	29. A B C D	44. A B C D
5. A B C D	20. A B C D	30. A B C D	45. A B C D
6. A B C D	21. A B C D	31. A B C D	
7. A B C D	22. A B C D	32. A B C D	PART IV: MISSING PARTS
8. A B C D	23. A B C D	33. A B C D	46. A B C D
9. A B C D	24. A B C D	34. A B C D	47. A B C D
10. A B C D	25. A B C D	35. A B C D	48. A B C D
11. A B C D		36. A B C D	49. A B C D
12. A B C D		37. A B C D	50. A B C D
13. A B C D		38. A B C D	
14. A B C D		39. A B C D	
15. A B C D		40. A B C D	

Please record below any unusual circumstances concerning the child or the situation which might affect the validity or reliability of the test.

WALKER READINESS TEST

Form A

DIRECTIONS FOR ADMINISTERING THE TEST

For best results, take the child to a room where you will have his undivided attention and explain that you are going to play a new game with him. To avoid distraction, use a blank sheet of paper to keep covered all of the items except the one you are showing the child. Be sure that he understands directions, but do not help him with the test items. An example is given for each subtest; it should be used to determine whether or not the child understands what is expected of him. Do not deviate from the instructions. When the child indicates his choice of answers, encircle on his answer sheet the capital letter which corresponds to his choice. Scoring may be done later with the scoring stencil provided with the test.

PART I: LIKENESSES OR SIMILARITIES (Items 1-25)

Specific instructions are given at the beginning of the subtest. The test administrator should point first to the picture on the left, then to those on the right while asking the child to indicate which one is just like the one on the left.

PART II: DIFFERENCES (Items 26-40)

This subtest has three different parts. Each part has its own directions at the top of the page. The first part, items 26-30, deals with the concept of size. The child is expected to select the largest one of the four pictures presented. The second part, items 31-35, deals with differences. Three of the pictures in each item are alike; the child is directed to select the one which is not like the others. The third part, items 36-40, deals with a more difficult concept. In each item, three of the pictures belong together; the child is asked to select the one which does not belong with the others.

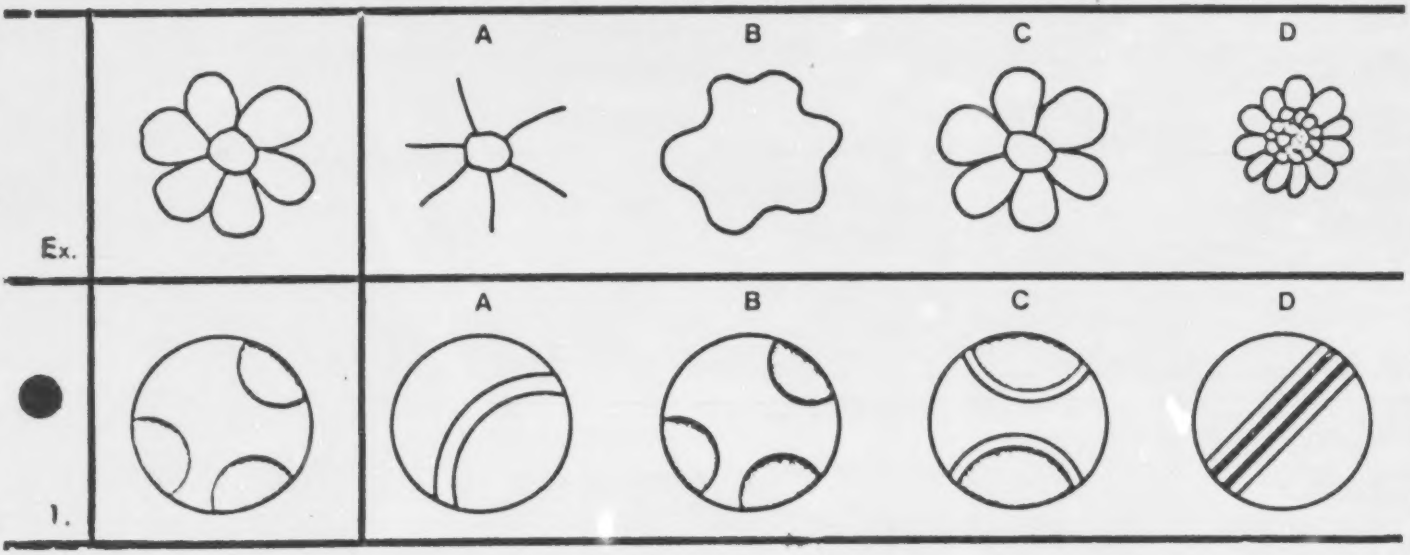
PART III: NUMERICAL ANALOGIES (Items 41-45)

This subtest deals with number concepts. Arrangements of pictures are different, but for each item one alternative contains the same number of objects as the one on the left. Pointing to the picture on the left, the test administrator should ask the child to indicate the picture on the right which contains the same number of objects.

PART IV: MISSING PARTS (Items 46-50)

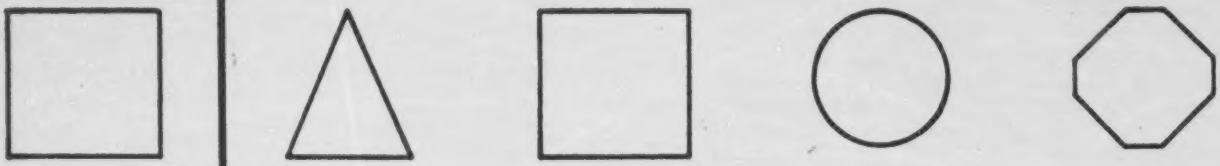
In this subtest the child is expected to choose from four pictures the one which will make a complete object of the picture on the left. The test administrator should point to the incomplete object on the left and ask the child to indicate the one on the right which belongs to it.

PART I: SIMILARITIES: Point to the picture on the left and say, "Now, show me the one over here" (gesture toward items on right) "that looks just like this one."
"Maintenant, montre-moi celui ici que est exactement comme celui-ci."
"Ahora, muéstrame el aquí que es muy semejante a éste."



PART I: **SIMILARITIES:** Point to the picture on the left and say, "Now, show me the one over here", (gesture toward items on right) "that looks just like this one."
"Maintenant, montre-moi celui ici que est exactement comme celui-ci."
"Ahora, muéstrame el aquí que es muy semejante a éste."

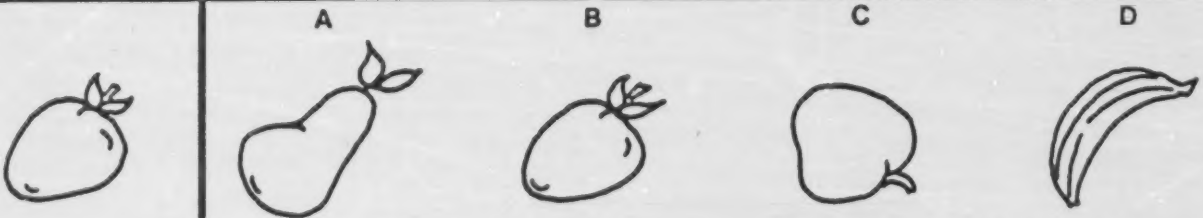
2.



3.

4.

5.



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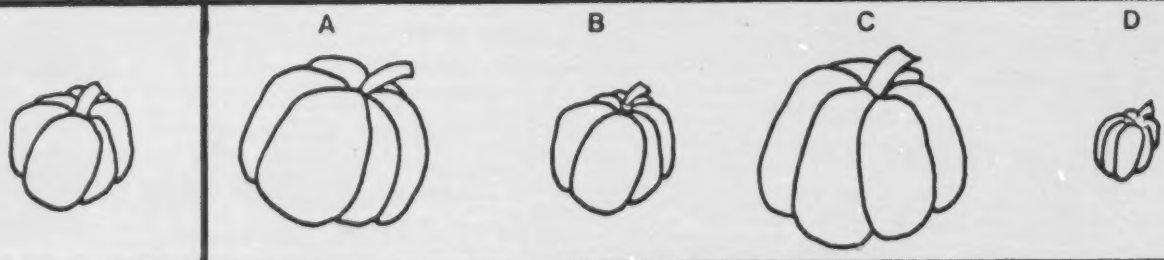

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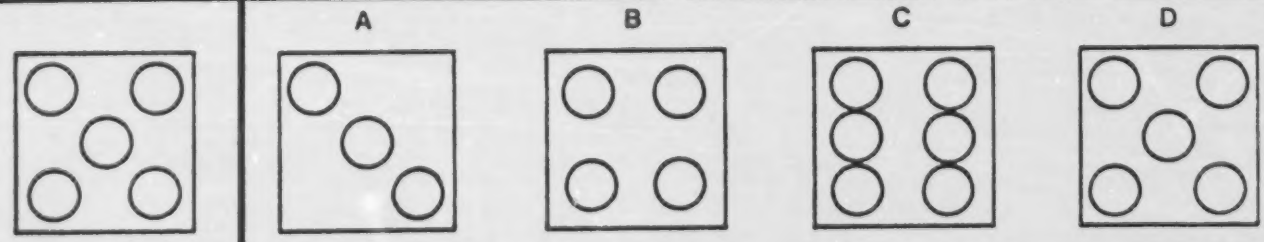
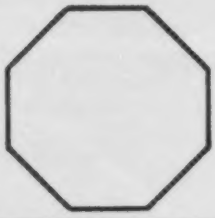
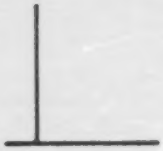
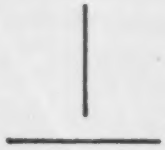


PART I: SIMILARITIES: Point to the picture on the left and say, "Now, show me the one over here" (gesture toward items on right) "that looks just like this one."
"Maintenant, montre-moi celui ici que est exactement comme celui-ci."
"Ahora, muéstrame el aquí que es muy semejante a éste."

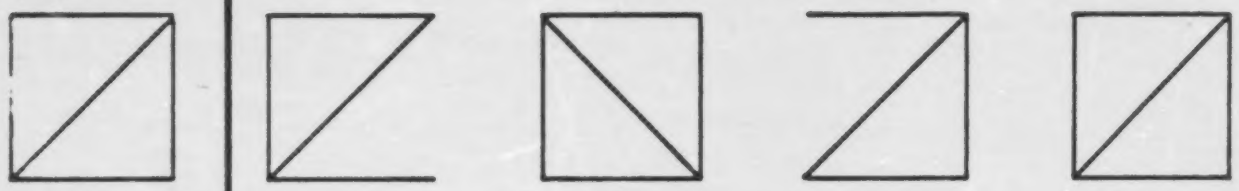
		A	B	C	D
8.					
9.					
10.	yellow	black	red	green	yellow
11.					
12.					
13.					

PART I: SIMILARITIES: Point to the picture on the left and say, "Now, show me the one over here" (gesture toward items on right) "that looks just like this one."
"Maintenant, montre-moi celui ici que est exactement comme celui-ci."
"Ahora, muéstrame el aquí que es muy semejante a éste."

14.

15.

16.



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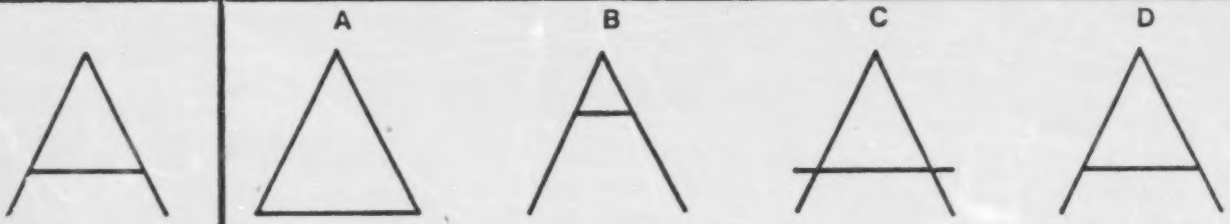
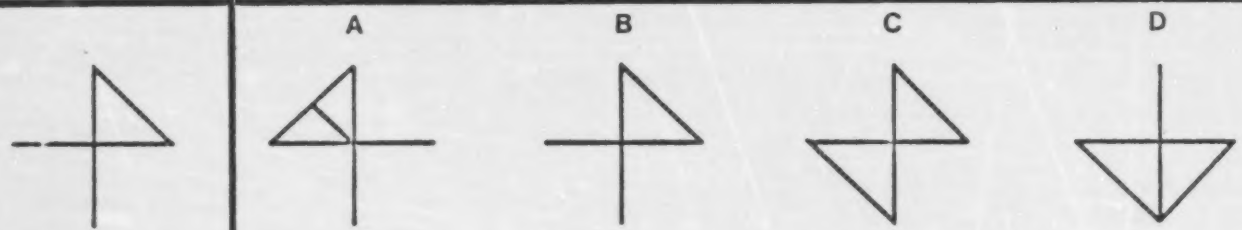


18.



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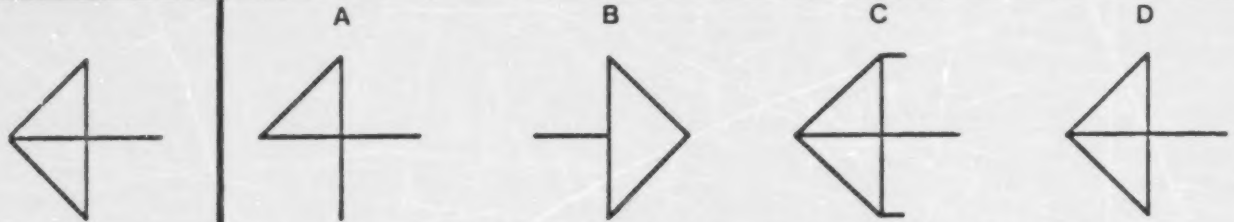
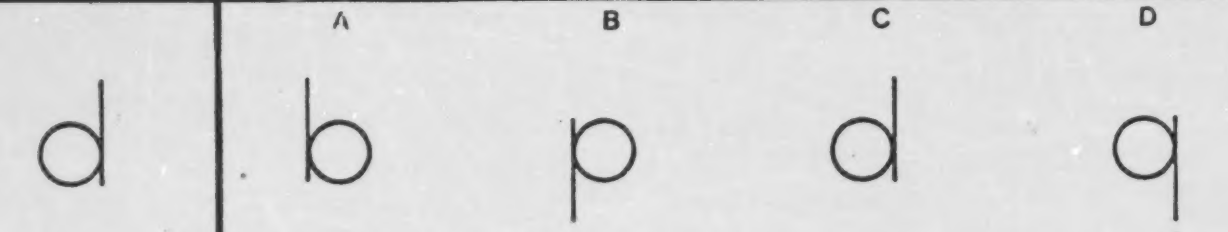


PART I: **SIMILARITIES:** Point to the picture on the left and say, "Now, show me the one over here" (gesture toward items on right) "that looks just like this one."
"Maintenant, montre-moi celui ici que est exactement comme celui-ci."
"Ahora, muéstrame el aquí que es muy semejante a éste."

20.

21.



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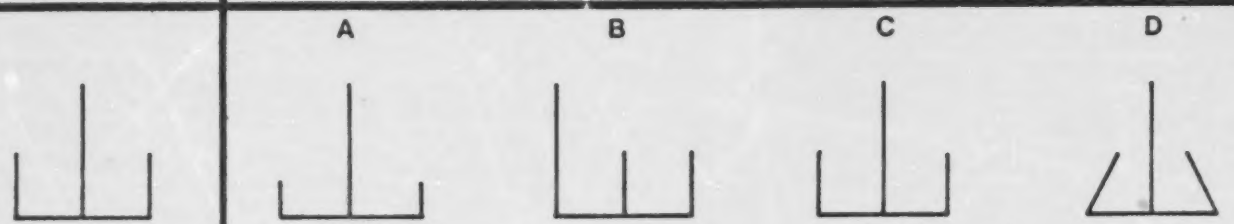

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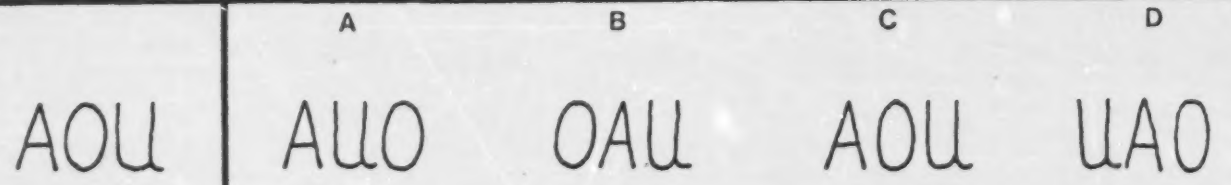

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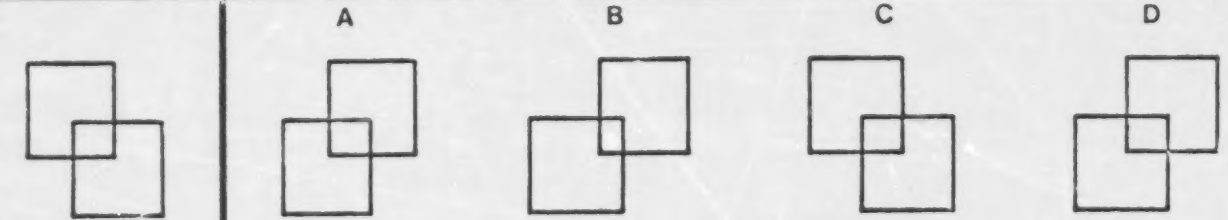
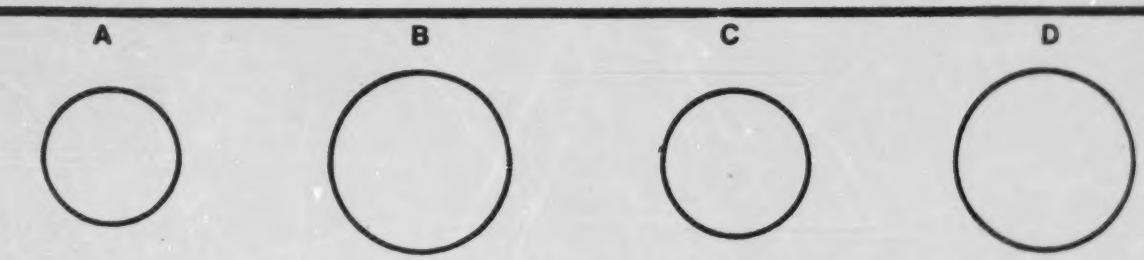


PART II: DIFFERENCES: Point to the pictures in each item and say, "Now show me which one of these is the biggest one."
"Maintenant, montre-moi lequel de ceux-ci qui est le plus grand."
"Ahora, muéstrame cual de éstos que es el más grande."

Ex.



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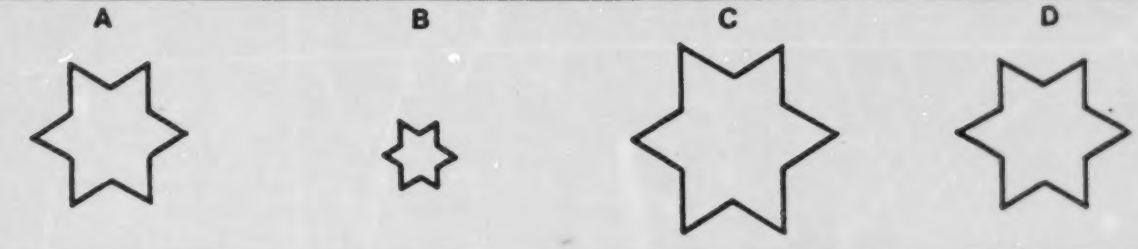

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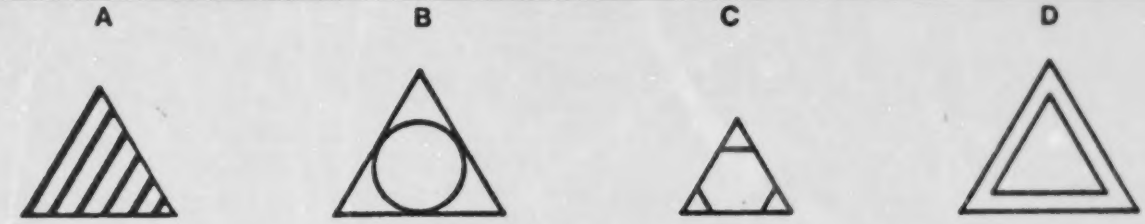

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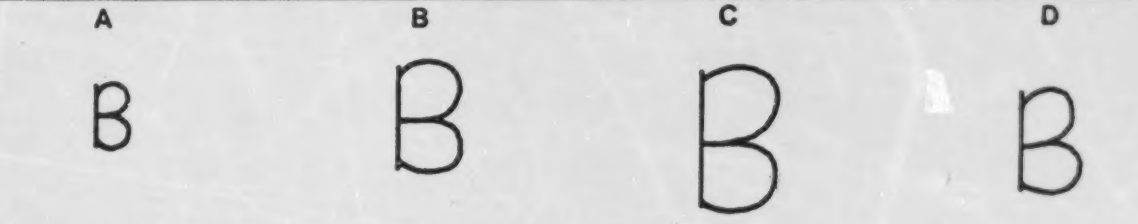

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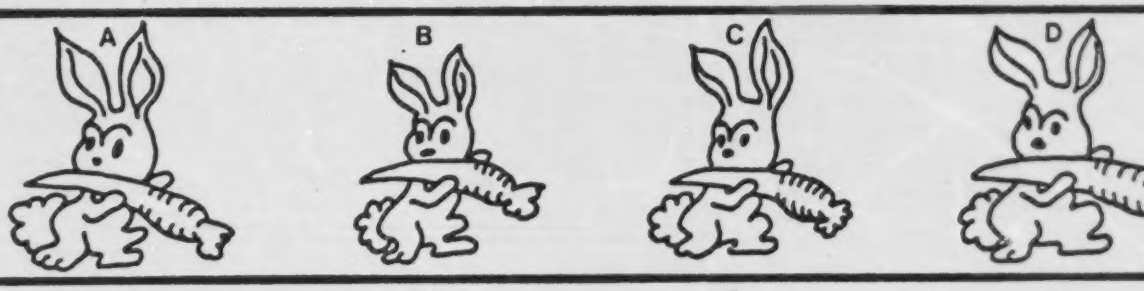

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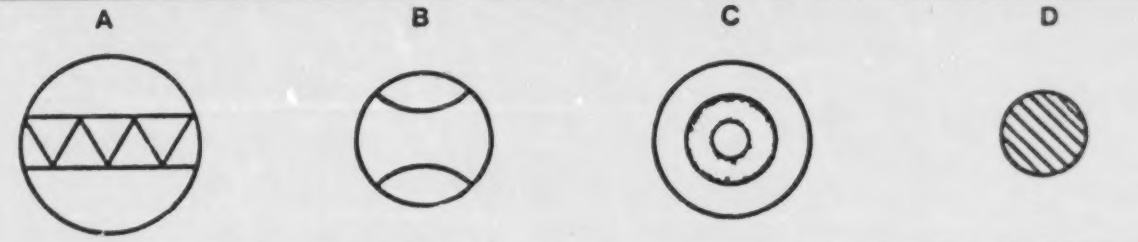
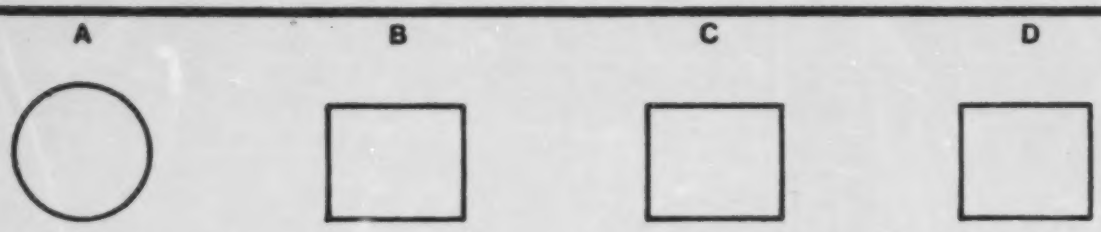


PART II: DIFFERENCES: Point to the pictures in each item and say, "Now show me which one of these does not look like the others."
"Maintenant, montre-moi lequel de ceux-ci qui n'est pas comme les autres."
"Ahora, muéstrame cual de éstos que no es semejante a los otros."

Ex.



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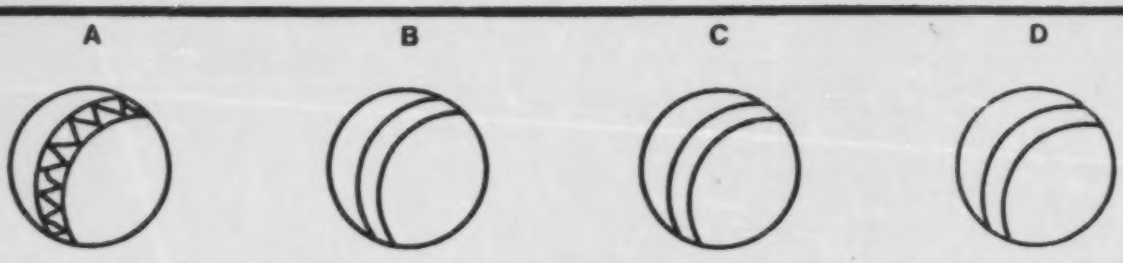

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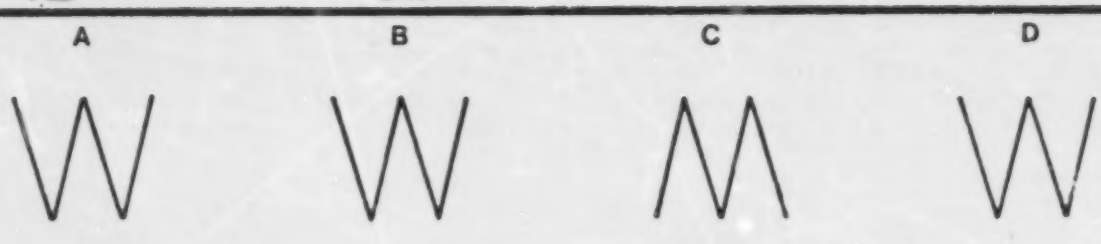
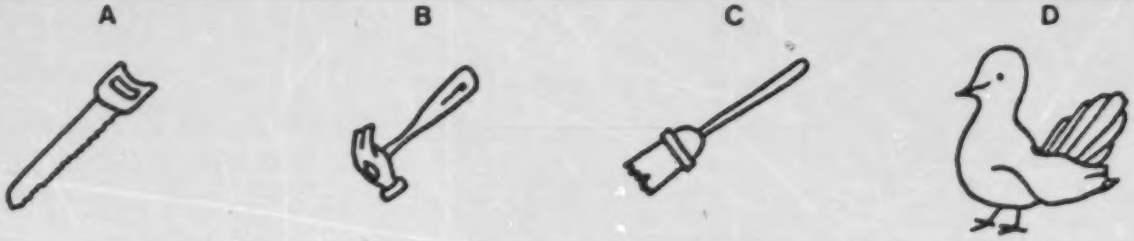


35.

PART II: DIFFERENCES: Point to the pictures in each item and say, "Three of these belong together. One does not belong. Show me which one does not belong with the others."
"Trois de ceux-ci sont du même genre. Un ne l'est pas. Montre-moi lequel qui ne l'est pas."
"Tres de éstos son de mismo género. Uno no lo es. Muéstrame el que no lo es."

Ex.

36.



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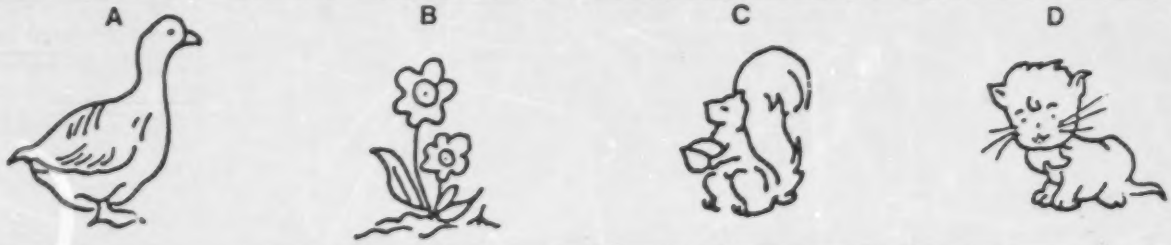
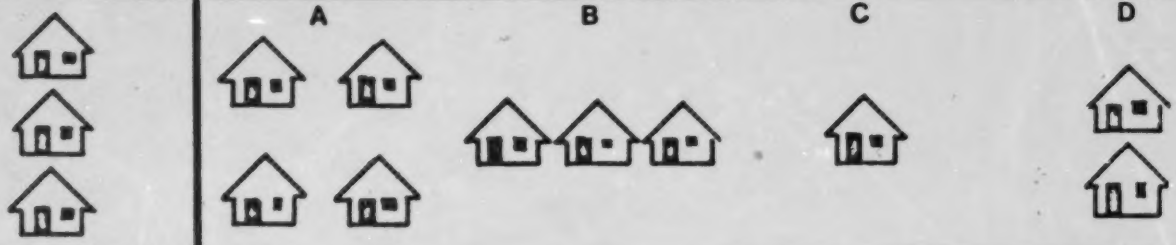


PART III: NUMERICAL ANALOGIES: Point to the picture on the left and say, "Now, show me the one over here" (gesture toward items on right) "that has the same number as this one."
"Maintenant, montre-moi celui ici qui a le même numéro que celui-ci."
"Ahora, muéstrame el aquí que tiene el mismo número que éste."

Ex.



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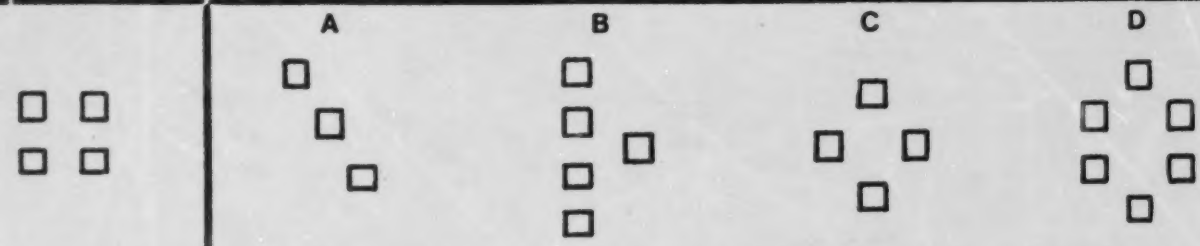

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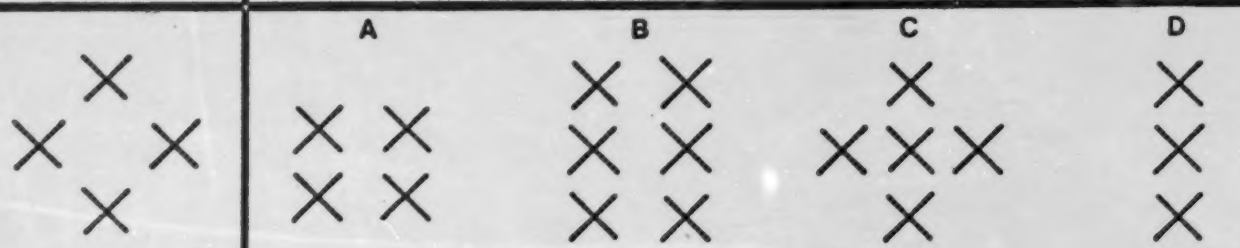
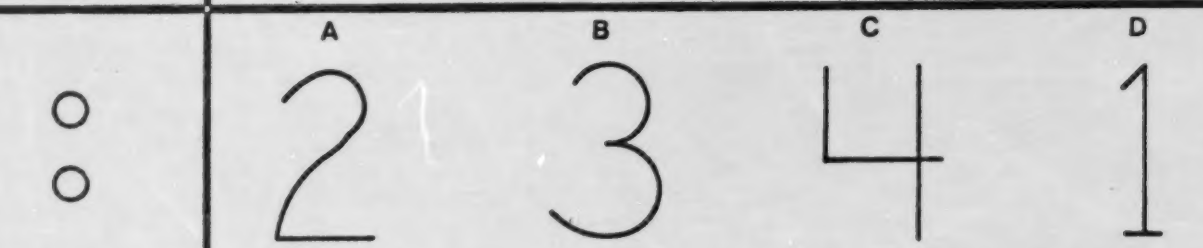
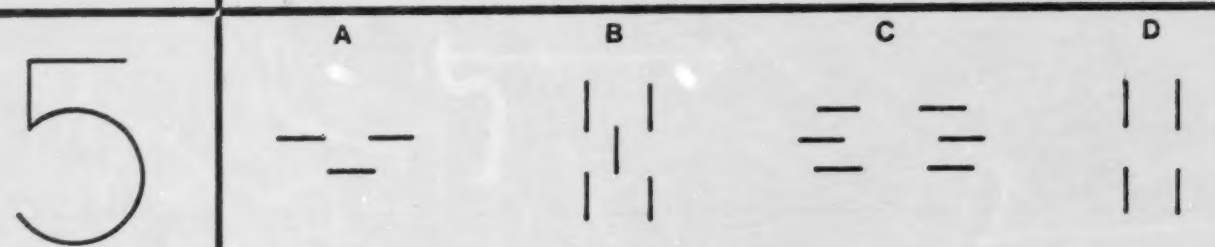


43.



44.



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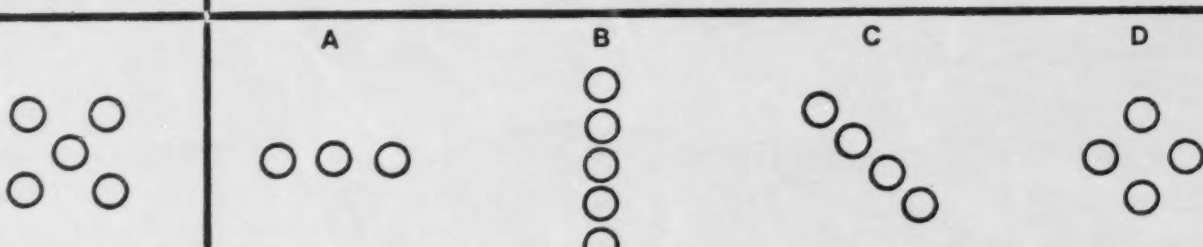
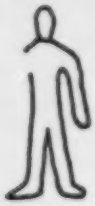
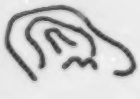


PART IV: MISSING PARTS: Point to the picture on the left and say, "Now, point to the one over here" (gesture toward items on right) "which belongs to this one."
"Maintenant, indique celui ici qui appartient à celui-ci."
"Ahora, señala el aquí que pertenece a éste."

		A	B	C	D
E.					
46					
47.					
48.					
49.					
50.					

APPENDIX A

DEVELOPMENTAL HISTORY QUESTIONNAIRE

This questionnaire can be used to obtain additional developmental history on the child who has shown some indications of being "at risk" or "high risk" based on the screening. This may be mailed to parents of children for whom an interpretive conference is advised. Parents should be encouraged to bring completed questionnaires to conference if at all possible. Conferences may be used to complete and review the questionnaire based on professional judgement.

The review and interpretation of information on the questionnaire needs to be done in context with other available information by skilled professional staff.

APPENDIX B

DEVELOPMENTAL HISTORY QUESTIONNAIRE

Child's Name _____ DOB _____

Parents _____ Date _____

Dictated By _____

Referred By _____

School _____

1. Is mother Rh negative _____ Did mother have any illnesses during her pregnancy with this child? ____ Did mother have to stay in bed? ____ Take medications (other than vitamins)? _____ Almost have a miscarriage? _____ If yes to any of these, explain

_____

_____

Has mother had previous miscarriages? _____

2. Was labor very long or especially short? _____ If yes, estimate time _____ Was the birth of this child normal? _____ If not, explain _____

_____

How much did the child weigh? _____

3. Did child have any trouble breathing after birth? _____ Was child kept in an incubator or airlock over 12 hours? _____ Why?_____ Did child look blue or yellow after birth? _____ For how long? _____ Did child come home from hospital with the mother? _____ If not, why?_____

_____

4. Is child adopted? _____ How old was he when he was adopted?

_____

SECTION II

1. At what age did child sit alone? _____ Crawl? _____

   Walk by himself? _____ Was child very active as a baby? _____

2. Was feeding the child a problem? _____ Why?_____

   When was he taken off the bottle? _____ Was weaning a

   problem? _____

3. Is child a "picky" or "fussy" eater now? _____ Does he seem

   to have any trouble swallowing? _____ chewing? _____

   Will he eat meat, caramels, etc.? _____ Does child eat with

   spoon? _____ Fork? _____ Both? _____ Is he messy? _____

   Can he spread butter? _____ Cut his own meat? _____

4. Was toilet training a problem? _____ When was child completely

   toilet trained ? _____ Does child wet the bed at night now? ___

   How freqently? _____ Does child wet or soil himself

   during the day? _____ How often? _____

5. Does child dress himself completely? _____ Partially? _____

   Does he completely undress himself? _____ Partially? _____

   Does he button? _____ Tie shoes? _____

6. Does child fall frequently? _____ How well can he climb? _____

   Throw a ball? _____ Hit a ball? _____ Ride a trike? _____

   Ride a two wheel bike? _____ Run? _____

7. Which hand does child use to eat with? _____ Draw or write? ____

   Throw a ball? _____

SECTION III

1. Has child been back in the hospital since birth? _____
   If so, explain (operations, accidents, etc.) and give his
   age at the time _____
   _____
   _____
2. Has child had other serious illnesses? _____ If so, describe
   _____
   _____
3. Has child ever fainted or passed out? ____ Has he ever had
   a convulsion? _____ How many? _____ Describe _____
   _____
4. Does child complain of frequent headaches, stomachaches, leg
   cramps? _____
5. Does child have any problem hearing? _____ Has he had ear
   infections, running ears, ears lanced? _____ If so, explain
   _____
   Has he ever worn a hearing aid? _____
6. Does child see normally? _____ Does he have glasses? _____
7. Is child allergic? _____
8. Does child take any medicine regularly except vitamins? _____
   Why? _____ _____
9. Has child been seen by a neurologist? _____ Psychologist? ____
   Had an EEG? _____ Has his speech or hearing been tested
   before now? _____ Has child had training in speech, hearing
   and language center? _____

SECTION IV

1. Was child very quiet as a baby (did not babble and coo as much as most babies)? _____ Did he excessively? _____

2. How old was child when he began to say words? _____ How old was child when he began putting 2 or 3 words together in a phrase? _____

3. How much does child talk now? _____

4. How much of this speech can mother understand? All ____ Most_____ Some _____ How much can other adults understand? All_____ Most _____ Some _____ None _____

5. How much does child use gesture to help others understand?_____

6. Has child learned to say nursery rhymes? _____ Prayers? _____ Sing songs? _____

7. Do parents feel child stutters or stammers? _____

8. Does child's voice sound like other children's voices? _____ If no, describe. Very soft _____ Very loud _____ Hoarse _____ Nasal _____ Other _____

9. Have parents done anything to help child with his speech? _____ If so, explain _____

SECTION V

1. Below is a list of words which describe children's personality and behavior. Please circle those which you feel tend to describe your child.

sad	leader	is unusually fearful
moody	quiet	sucks thumb
friendly	independent	follower
hard to discipline	happy	very active
has temper tantrums	even tempered	dependent
how often? _____	prefers to be alone	
affectionate	has trouble sleeping	

2. Describe any behavior which is a problem to parents. _____

_____

_____

3. Does child enjoy books (being read to or reading)? _____

Does he like to watch TV? _____ For how long? _____

4. What are child's favorite activities? _____

_____

_____

5. How well does child play alone? _____ With younger children?

_____ With children his own age? _____

With older children? _____ With his brothers and sisters?

_____

SECTION VI

1. Are parents now separated? _____ Divorced? _____ If so, how old was child when this occurred?_____ Has either parent been married previously? _____Which one? _____ Is either parent deceased? _____

2. Father's occupation _____

Father's level of education _____

Mother's occupation _____

Mother's level of education _____

If mother works, who takes care of child? _____

How old was child when mother went to work? _____

3. Give name and ages of other children in the family. _____

_____

4. Are there persons living in the home other than the parents and children? _____ Who? _____

5. Is any language other than English sopken at home? _____

6. Are there relatives, on either side of the family, who have had:

   Trouble speaking clearly or who have been late to learn to talk? _____

   Trouble with their hearing? _____

   Trouble learning in school so that they left school or failed several grades, or who have had real trouble learning to read? _____

   Problems like epilepsy, mental retardation, cerebral palsy, etc.? _____

If so, describe the problem _____

_____

_____

APPENDIX B

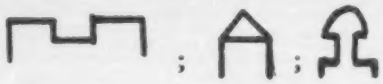
CONSTRUCTION PLAN FOR CASTLES (SCREENING STATIONS)

Construction Plan

Castles for The Magic Kingdom
Preschool Screening Program

1. Cut twenty 4' x 8' into 4' x 4' (¼" plywood)
   Bisect 4' x 4' into two 2' x 4'.

2. Stencil design on wood.



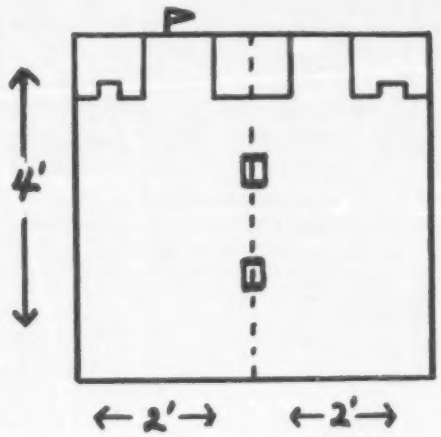
3. Cut design out with jigsaw (sabre saw).

4. Sand edges of both halves.

5. Paint (five different bright colors).

6. Join together halves with hinges. The hinges are most easily attached by using pop rivets.

7. Add pennants made from ties and dowels (glued and/or stapled to wood).



Designed by Andy Froelich and the Roughrider Kiwanis group of Fargo, ND.

For Southeast Mental Health and Retardation Center
700 1st Avenue South
Fargo, North Dakota 58102

APPENDIX C

PICTURE RELEASE FORM

SAMPLE

CONSENT AND RELEASE FORM
FOR PUBLIC PRESENTATIONS

I, the undersigned, born on _____, 19 ___, and residing at

_____,

have been a participant in an educational program offered through the SEMH/RC, Fargo, North Dakota, called "The Center".

I do hereby consent to the taking and use of pictures of my child to be used in public audio/visual presentation prepared and edited by The Center. I understand that these pictures and presentations may be shown to public workshops, parent groups, community interest groups, and schools. They may also be shown to the public through the television media.

I release and forever discharge The Center and its staff from all claims, present and future, arising out of the taking, use, and viewing of these pictures.

I have read this consent and release and understand its contents, received a copy, and have had an opportunity to discuss and ask questions of The Center.

Dated: _____

Witness: _____

_____
Signature

APPENDIX D

PUBLICITY

LETTERS, POSTERS, THANK-YOU LETTERS

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 700 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

Dear Parent:

Local parents of _____, in cooperation with the Southeast Mental Health & Retardation Center, can participate in a preschool screening program on _____ at _____ _____.

The purpose of the screening is to help assure your child of a successful school experience. It will pinpoint those areas of development in which your child is strong and those in which he may need more work before he enters a regular classroom.

Children enjoy the screening! With the Magic Kingdom theme, children go from one station to the next to "play" a series of "games". Some of the "games" include speech and hearing checks, vision checks and so on.

Every child's parents will receive a written letter to inform them of the results of the screening and all parents are invited to call with any questions they may have regarding the results.

To participate in the screening, simply fill out the enclosed Parental Assessment and bring it with you on the day of the screening. This is an important step in the screening process.

We look forward to seeing you and your child, and invite you to call if you have any questions.

Sincerely,

William Gingold, Ph.D.
Director of Children's Services

WG:mjh
Enclosure

25.1

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 700 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

RE:

Dear Preschool Parent:

I want to thank you for your interest in The Magic Kingdom: A Preschool Screening Program which was held in Galesburg on February 27th. I am pleased to inform you that your child appears to be functioning well within the normal range in all areas that the screening covered. Unless you are concerned about a specific problem, I do not recommend any further evaluation at this time. If you would like any other specific information call (701) 237-4513.

Most sincerely,

Kay McDonald, M.S.
Child Development Specialist

KM:kah

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 — 700 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

RE:

Dear Preschool Parent:

I want to thank you for your interest in The Magic Kingdom: A Preschool Screening Program which was held in Galesburg on February 27th. Because your child's screening results are not complete enough, we cannot evaluate them at this time. When we are in the Galesburg area in the very near future, I hope that you can bring your child to be re-screened. If you have any questions, please call me at (701) 237-4513.

Thank you for being a concerned parent!

Most sincerely,

Kay McDonald, M.S.
Child Development Specialist

KM:kah

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 — 1700 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

RE:

Dear Preschool Parent:

Your child's results from The Magic Kingdom: A Preschool Screening Program held in Galesburg on February 27th are now available. I will be happy to share these results with you on Tuesday, March 25, from 1:00 - 4:15 at the Page School (in the library). If you are interested in scheduling a conference for that day, please call Mrs. Robert Iverson, 668-2291, on Monday, March 24, to set up an appointment.

Thank you for your participation in the screening this year. I hope to see you on Tuesday!

Most sincerely,

Kay McDonald, M.S.
Child Development Specialist

KM:kah

Southeast Mental Health and Retardation Center

CASS
RANSOM
RICHLAND

P.O. BOX 2083 — 700 1st AVENUE SOUTH
FARGO, NORTH DAKOTA 58102
(701) 237-4513
800-342-4900

SARGENT
STEELE
TRAILL

June 9, 1975

Dear Preschool Parent:

The "Magic Kingdom of Oz" screening of preschool children will be held at the Enderlin School, Thursday, June 26. You are invited to bring your preschool child(ren) to participate in this screening. All preschool children (three years through kindergarten age) in the Enderlin School District, are invited and urged to come. There is no cost to participants. The screening is made available through the Southeast Mental Health and Retardation Center in Fargo in cooperation with the Enderlin school community.

Children whose last names begin with A-G should come at 9:15 a.m., H-O at 10:15 a.m., and P-Z at 11:15 a.m. Each child's screening will last for approximately one and one-half hours. Please complete the enclosed Parental Assessment and bring it with you the day of the screening.

The screening is designed to give insight into strengths and weaknesses in the motor, visual, auditory, language, conceptual, and emotional functioning of individual preschool children. Within a three week period of time after the screening, you will receive a letter from us either indicating that your child is functioning well within the normal range and we do not recommend any follow-up procedure, or that we would like to share with you, in an individual parent conference, your child's screening results.

This experience is of educational value to both the parent and child. In addition, it can be a fun experience for your child. With the Wizard of Oz theme, children move from castle to castle to "play" a series of "games". Some of the "games" include speech and hearing checks, vision checks, and so on.

We do hope your child will be able to participate and we look forward to seeing you on June 26. We invite you to call us or one of your community coordinators if you have any questions: Mrs. Larry Wegner, 437-4931; Mrs. Bradley Fraase, 437-5444; Mrs. Rodney Fernow, 437-7595.

Most sincerely,

Kay McDonald, M.S., Child Development and Community Dynamics Specialist

Marie Bristol, M.A., Coordinator, Preschool Programs

25.5

THE MAGIC KINGDOM

Preschool Screening

A mass screening of preschool children is being made available for children in the Lisbon school district by the Southeast Mental Health and Retardation Center of Fargo, ND. All preschool children three years of age through kindergarten age are eligible and urged to participate.

The screening will take place Thursday, January 23 at the Trinity Lutheran Church and will begin at 9:30 a.m. and will run continuously until 3:00 p.m. Each child's screening will last for approximately one and a half hours.

The screening is designed to give insight into strengths and weaknesses in motor, visual, auditory, language, conceptual, and emotional functioning of individual preschool children.

This is a cooperative effort between Children's Services at the Mental Health Center, the school, and parents of preschool children in the area.

If you have any questions, the people in your area you can contact are Mrs. Carol Blackwell, 683-5297, Mrs. Sharon Archbold, 683-5296, and Mrs. Sandra Grenier, 683-5295, all of Lisbon.

The Magic Kingdom

Data Collection Sheet

Place _____

When _____

Where _____

Total preschool census _____
Total participating _____

3 year olds _____
4 year olds _____
5 year olds _____
6 year olds _____

Contacts (School, County Nurse, Community Coordinators, etc.)

_____

_____

_____

# of letters sent: incomplete screening _____
# of letters sent: functioning within normal range _____
# of letters sent: conference with parents desired _____
# of conferences held _____
3 year olds _____
4 year olds _____
5 year olds _____
6 year olds _____

# of children referred for further evaluation to the Center _____

Specify: _____

_____

# of children referred to Doctor, other agencies, etc. _____

Specify: _____

_____

Comments regarding this screening: _____

_____

_____

_____